



**Commonwealth of Massachusetts
Health Care Quality and Cost Council
Two Boylston Street, 5th floor
Boston, MA 02116**

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

617-988-3360 • Fax 617-727-7662 • TTY 617-988-3175
www.mass.gov/healthcare

JUDYANN BIGBY, M.D.
Chair

KATHARINE LONDON
Executive Director

**Health Care Quality and Cost Council
End of Life Care Committee**

Meeting Minutes

Wednesday, November 7, 2007

11:00 – 12:30 p.m.

One Ashburton 21st floor, room 1
Boston, MA

Committee Members Present: Elizabeth Capstick, Jim Conway, Tom Lee, Katharine London, Dolores Mitchell, Quentin Palfrey, and Michael Varadian.

Meeting called to order at 11:04

I. Approval of Minutes

The Council approved minutes from its October 3, 2007 meeting.

II. Presentation on Hospital Based Palliative Care Consortium:

Pat Noga, of the Massachusetts Hospital Association (MHA) presented the *Hospital Based Palliative Care Consortium (HBPCC)* program. The program provides hospital and health systems across the country with the opportunity to visit palliative care learning centers in order to improve and advance new, hospital-based end of life services. HBPCC is run in conjunction with the Health Research and Education Trust and by a grant from the *Agency of Healthcare Research and Quality*. The HBPCC program, provided at no charge to interested hospitals, can be divided into three phases, pre-site visit, the site visit to palliative care programs at a host hospital, and post-site visit networking and technical support. Each phase deals with a part of the program that introduces hospitals to a critical step in improving Palliative Care Programs. Six hospitals in five states have been selected to participate as learning labs and are hosting site visits in 2007. The Massachusetts Hospital Association is looking to join the HBPCC program which proves to have potential for improving palliative care. Funding for this initiative is available now through 2008.

III. Discussion of Action Items identified in October 3rd meeting:

Committee members reviewed the seven Action Items that were identified and listed as priority targets in moving forward with setting concrete principals around end of life care. The committee discussed each one of the seven action items 1) *Increase use of Physician Orders for Life-Sustaining Treatment (standard form)*, 2) *Increase use of palliative care*, 3) *Physician education*, 4) *Consumer education*, 5) *Specific focus on reducing disparities*, 6) *Fund the End of Life Commission*, and 7) *Develop best practices for EOL care, including methods to measure quality of EOL care*.

The Committee asked Andy Epstein of DPH and her consultant, Betsy Stoll, to develop a white paper describing the steps required to implement the POLST in Massachusetts.

The Committee discussed specific steps toward meeting the end of life goal that it could potentially recommend to the Council, including the following.

- The Council should partner with MHA on the Hospital-Based Palliative Care initiative to develop measures and identify best practices.
- Hospitals should offer a palliative care program to their terminally ill patients. Hospitals could offer a hospital-sponsored program or could collaborate with another organization to offer palliative care.
- Palliative care programs should make efforts to ensure that their programs meet the needs of patients with different cultural expectations at the end of life. Programs should reach out to different racial and ethnic communities through churches and community groups.
- Consumers need information about what kind of conversation they should have with their physicians, and what kinds of interventions or protections they can ask for. Information should be adjusted to address different cultural expectations at the end of life.
- The Board of Registration in Medicine should require physicians who care for patients at the end of life to undertake Continuing Medical Education (CME) in palliative care, pain management, talking to patients about their wishes for their care at the end of life, and use of the Physician Order for Life Sustaining Treatment form. The Patient Care Assessment regulations should require an annual plan for ensuring that all clinical professionals who treat patients at the end of life are educated in these areas. Education should address patients' varying cultural expectations at the end of life.
- Health plans should provide financial incentives for improving the process of care at the end of life, for example for making palliative care more available and for incorporating the Physician Order for Life Sustaining Treatment into the patient's medical record.
- The legislature should fund the End of Life Commission.

The Committee discussed potential measures of improvement in End of Life Care including:

- The percentage of people who die at the site that person stated as their preference.
- The percentage of high risk nursing home patients who have a completed Physician Order for Life-Sustaining Treatment.
- Measures used by the Robert Wood Johnson foundation to evaluate end of life care.
- Decreased readmissions and decreased avoidable hospitalizations from nursing homes and home care.
- Increased use of hospice and palliative care by racial and ethnic minorities. The Committee noted the need for additional data on disparities in end of life care.

IV. Discussion of Additional Information Needed by Committee, Resources, and Potential Speakers

The Committee agreed that there is a great need for statistical data and research studies in the area of end of life care. There is a lot of information and data available in this area that is currently not accessible due to scarce funding. The Council expressed interest in collaborating and supporting initiatives that currently have information that will be helpful in understanding how the principals they are working to put together affect care at end of life. The Council will work to identify and reach out to available resources and request the input and knowledge of potential speakers. Committee members and meeting attendees are encouraged to make recommendations regarding best practices.

The Council discussed monitoring and tracking legislation pertaining to end of life care. The Committee authorizes, encourages and will support the Executive Director Katharine London in figuring out a process for addressing legislation related to end of life.

Meeting Adjourned 12:30